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Fee Only

U.S. DEPARTMENT OF COMMERCE  
PATENT AND TRADEMARK OFFICE

AMENDMENT TRANSMITTAL LETTER

Docket Number  
10191/2126

Application Number  
10/018,203

Filing Date  
May 7, 2002

Examiner  
Stephone B. Allen

Art Unit  
7942

Invention Title  
OPTOELECTRONIC SENSOR INCLUDING A  
TRANSPARENT OPTODE MATERIAL

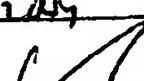
Inventor(s)  
Andreas HENSEL

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to:

Address to:  
Mail Stop Amendment  
Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450  
on

Date 20 July 2004 Atty's Reg. # 36,098

Atty's Signature

  
**MICHELLE M. CARNIAUX**  
KENYON & KENYON

Transmitted herewith is an Amendment in the above-identified application.

1. The filing fee has been calculated as shown below:

	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT NUMBER EXTRA	RATE (\$)	FEE (\$)
TOTAL CLAIMS	18	minus	20	0	18.00	0.00
INDEPENDENT CLAIMS	5	minus	3	2	84.00	168.00
MULTIPLE DEPENDENT CLAIM ADDED					280.00	0.00
				TOTAL	168.00	

2. Please charge the required additional claims fee of \$168.00 to the deposit account of Kenyon & Kenyon, deposit account number 11-0600.

3. Applicant respectfully requests a one-month extension of time for responding to the Office Action of April 7, 2004. The extended period for response expires on August 7, 2004. Please charge the \$110.00 extension fee and any other fee that may be required to Deposit Account No. 11-0600.

10310202

01 FC:1151

168.00 DR

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PATENT APPLICATION FEE DETERMINATION RECORD  
Effective October 1, 2001

Application or Docket Number

10/018203

CLAIMS AS FILED - PART I

(Column 1) (Column 2)

TOTAL CLAIMS		
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	15 minus 20 = *	
INDEPENDENT CLAIMS	J minus 3 = *	
MULTIPLE DEPENDENT CLAIM PRESENT		<input type="checkbox"/>

\* If the difference in column 1 is less than zero, enter "0" in column 2

8/3/04 CLAIMS AS AMENDED - PART II

(Column 1) (Column 2) (Column 3)

AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		
				RATE	ADDI- TIONAL FEE
Total	• 18	Minus	** 20	=	
Independent	• 5	Minus	*** 3	= 2	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				<input type="checkbox"/>	

SMALL ENTITY      OTHER THAN  
TYPE      OR      SMALL ENTITY

RATE	FEES	RATE	FEES
BASIC FEE		OR BASIC FEE	890
X\$ 9=		OR X\$18=	
X42=		OR X84=	
+140=		OR +280=	
TOTAL		OR TOTAL	890

AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		
				RATE	ADDI- TIONAL FEE
Total	•	Minus	**	=	
Independent	•	Minus	***	=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				<input type="checkbox"/>	

RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
X\$ 9=		OR X\$18=	
X42=		OR X84=	172.00
+140=		OR +280=	
TOTAL ADDIT. FEE		OR TOTAL ADDIT. FEE	172.00

AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		
				RATE	ADDI- TIONAL FEE
Total	•	Minus	**	=	
Independent	•	Minus	***	=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				<input type="checkbox"/>	

RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
X\$ 9=		OR X\$18=	
X42=		OR X84=	
+140=		OR +280=	
TOTAL ADDIT. FEE		OR TOTAL ADDIT. FEE	

- If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
- \*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
- \*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.